

What to Expect in Next Month's Issue

- The NREMT is moving to computer based testing (CBT) with a launch date of March 31, 2007
- NIMS Training For Providers
- October 4 Regional Leadership Council at BEMS Offices
- New Bureau Staff Changes
- Employee Spotlight



Location and Regional Contact Information:

150 North 18th Avenue
Suite 540
Phoenix, AZ 85007
(800) 200-8523
www.azdhs.gov/bems

Gene Wikle
Bureau Chief
wikle@azdhs.gov
(602) 364-3150

Rhonda Montgomery
Northern and Central Regional Liaison
montgor@azdhs.gov
(602) 364-3189

Rita Weatherholt
Southeastern & Western Regional Liaison
weather@azdhs.gov
(602) 364-3191

Enforcement Enactment from Ron Anderson



Ron Anderson - Certification, Training, and Enforcement Section Chief

In a July 1999 report published by the National Institute of Alcohol Abuse and Alcoholism, it was learned that drinking among U.S. workers can threaten public safety, impair job performance, and can result in costly liability issues, as well as other problems that could affect employees and employers alike. The report indicates that the rise in alcohol-related job performance problems is caused not only by on-the-job drinking or use of substances, but also by heavy drinking and substance abuse outside the

work place.

Drug and alcohol abuse is an important health and safety issue that the Bureau takes very seriously. As of August 2005, the Bureau Enforcement Section has opened 86 investigations, 40 of which are related to alcohol or drug convictions. That comprises 46% of the total cases so far this year. Studies have confirmed that a relatively high level of performance impairment can occur after the consumption of even fairly low quantities of alcohol. In the first seven months of 2005, Bureau trends reflect the blood alcohol level of the certificate holders or applicants investigated ranged from 0.09% to .277% B.A.C. In the more serious instances, they occurred while on duty and involved the influence of illegal substances.

The Bureau views alcohol consumption or illegal substance use as a public health issue that appears to be growing in our profession. The Bureau is impressed with many of our EMS providers who are cognizant of their role and potential for reaching an extremely high proportion of EMT's and their families with alcohol and drug problems. Many of our providers have successful programs to address substance abuse or misuse education and

intervention, by providing therapeutic treatment and post-treatment monitoring and support for Emergency Medical Technicians.

The Bureau believes that it is incumbent upon us to provide information to the EMS community when upward trends may affect the delivery of emergency public health services. As a service to all our EMS community leaders, the Bureau provides a series of questions to assist in determining if someone has a problem:

1. *Have you ever felt you should cut down on your drinking?*
2. *Have people annoyed you by criticizing your drinking?*
3. *Have you ever felt bad or guilty about your drinking?*
4. *Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?*

One "yes" answer to any of the above questions suggests a possible alcohol problem. More than one "yes" answer means it is highly likely that a problem exists.

By the end of July 2005, the Bureau Medical Director ordered probation for 34 of the certificate holders or applicants

(continued on page 2)

Employee Profile

Ithan Yanofsky is a native New Yorker who began his career with ADHS more than eight years ago as an auditor. Last year he was promoted to Manager for the Certificate of Necessity & Rates Section of the Bureau.

In addition to managing a staff of four, Ithan is responsible for working with the Assistant Attorney General representative and others on matters that involve certification hearings and any correspondence that has legal implications.

On any given day you may find him working on audit questions, analyzing rate review matters and the rate review program. Ithan often assists in interpretation and implementation of the Arizona Revised Statutes and Rules.

Call Ithan when you have a concern about ground ambulance rates. He provides top rate customer service and will do what is necessary to ensure that your issues and areas of concern are addressed in a professional manner.

"I feel comfortable talking to Ithan. When I need to contact the Bureau, he's been the one that I call," said Brian Gardner, Operations Director for Arrowhead Mobile Healthcare in Show Low, Arizona.

Ithan is proud to be an Arizona State University alumni, who graduated with a BS in Accounting.

Ithan enjoys reading and he loves all types of music. His proudest achievement in life has been his role as a father.

"Working in an environment that has so

many wonderful internal and external customers is the most enjoyable part of my job," Yanofsky said.



**Ithan Yanofsky
Manager, C.O.N. & Rates Program**

(continued from page 1)

being considered and allowed them to return to work. However, six EMT's were removed from duty.

It is not the Bureau's mission to take Emergency Medical Technicians off the street or out of a profession that is vitally needed in this day and age. The Bureau developed four types of probationary levels that allow the EMT with a substance issue to be returned to service as soon as possible while protecting the public. It is our hope that each EMS provider takes alcohol and drug abuse or misuse very seriously and support programs to rehabilitate our EMT's which, in turn will promote quality emergency medical care and safety to Arizona's visitors and citizens.

13 (38.3%) were placed on Monitored Probation: This type of probation requires that the certificate holder not violate any of the provisions regulating EMT conduct, or violate any state statute or rule for a period of not less than 12 months and provide no less than 10 negative random drug & alcohol urine screens as coordinated by Bureau probation staff. This probation level may include education, intervention, therapeutic treatment and post-treatment monitoring and support.

12 (35.3%) were placed on Unsupervised Probation: This level of probation requires that the certificate holder not violate any further provisions regulating EMT conduct, or violate any state statute or rule for a period to be set by the Medical Director.

6 (17.7%) were placed on Rehabilitative Probation: This level of probation requires that the certificate holder not violate any further provisions regulating EMT conduct, or violate any state statute or rule, and obtain remedial training, or attend counseling as ordered by the Medical Director.

3 (8.9%) were placed on Intensive Probation: This level of probation requires that the certificate holder not violate any of the provisions regulating EMT conduct, or violate any state statute or rule for a period of not less than 24 months and provide no less than 20 negative random drug & alcohol urine screens as coordinated by Bureau probation staff, and may include education, intervention, therapeutic treatment and post-treatment monitoring and support.

In all cases, the Medical Director took into account as a mitigating factor that the certificate holder, or applicant completed a course of alcohol or drug education, or completed in-patient or out-patient evaluation, counseling, treatment, the court penalties, and any EMS provider employee disciplinary action that occurred prior to the resolution of the cases.

Computerized Billing and Patient Tracking System to be Offered Throughout the State

The Bureau is working with the Rural Health Office and the Southeastern Arizona EMS Regional Council on the Southeastern Arizona Emergency Medical Performance Improvement Initiative. This data collection project uses software called ScanHealth. The process will help ambulance companies expedite billing claims and provide useful information for emergency medical systems improvement.

"This is the first time any region in the state has consistently collected the same kind of data in EMS, and the results thus far point the way to great opportunities for improvement," said Taylor Payson, Executive Director, Southern Arizona Emergency Medical Services (SAEMS).

Initially, responders with the participating ambulance companies collected data using laptops and other technology in the field, but found that equipment to be cumbersome. They instead chose to implement the scanning system.

Once a scanner is purchased and placed, the EMS provider is then responsible for completing the form with the patient data. The patient data is then scanned into the software system. Data from the project can be used to track transport times, medications used, medical needs addressed as well as to expedite billing processes.

Though the pilot project was based in the southern region, funding efforts are available statewide for any EMS providers that are interested. "I'd like to make this available to all four regions of our state," said Gene Wikle, Bureau Chief.

The Bureau is investigating the possibility of combining data from other agencies that have already migrated to a computerized system.

For more information about how you can participate, contact Taylor Payson at (520)529-1450.

Quick Beats

Bureau of EMS News in Brief

Backboard Recovery Plan To Begin In September

A backboard recovery program has been created for you. Spearheaded by Gabe Gabriel at St. Joe's Medical Center, PMT Ambulance has offered to host a web site that will allow base hospitals to post materials that get left behind after an emergency transport. Here's how it will work.

1. Hospitals will post the materials they have in their possession that belong to EMS providers on the site by e-mailing the list to Toby Metzger (t.metzger@pmtambulance.com). If the materials are clearly identified, it will be noted.
2. The EMS provider can go to the site to see if they have materials listed and determine where they are located.
3. The EMS provider can either show up or call ahead to make arrangements to pick up their materials.

The site will provide everyone with one place to go when you are looking to retrieve your lost materials. It will eliminate needless calling, research and traveling time. In addition, if there are unmarked materials being kept in storage, those materials will be made available to all EMS providers on a first come, first serve basis.

The link will launch on September 6, 2005. To access the site go to www.azems.net and then look for the blue link to backboards.

Funding Opportunities

If you have questions regarding any of the following grant opportunities, please contact Leila Barraza (semino@email.arizona.edu or 520-626-7946 x 246).

- **Rural Fire Assistance (RFA)**

This grant provides funding for equipment, training, and fire prevention and mitigation activities for those rural/volunteer fire departments that protect rural communities and play a substantial role in the suppression of wildland fires in, on, or near U.S. Department of Interior lands. Sponsor: U.S. Department of Interior. Eligible-to-apply: Rural/volunteer fire departments serving a community of 10,000 people or less. Application: Available November 2005 — (www.azstatefire.org). Award: \$20,000 maximum. Deadline: December 2005. For more information call Paul Cirincione at (928-774-1425).

- **GSK/TUMS- First Responder Institute Challenge Grant Program**

Matching grants to assist fire departments in need to secure essential equipment. Sponsor: GSK/TUMS-First Responder Institute. Eligible-to-apply: Fire departments. Application: (www.firstresponder.org/apply.htm). Award: \$2,500 maximum per fire department. Deadline: Applications processed quarterly (March 31, June 30, September 30, and December 31).

- **HeartRescue Grant Program**

This grant provides funding to increase awareness and education of sudden cardiac death, early defibrillation, and the need for early intervention among community leaders, first responder organizations, and the public. Sponsor: Medtronic Foundation. Eligible-to-apply: Priority will be given to programs that include partnerships of two or more agencies, such as local EMS agencies, hospitals or other nonprofit organizations that work to increase sudden cardiac death survival in the community. Application: (www.medtronic.com/foundation/apply.html). Awards: Range from \$5,000 to \$30,000. Deadline: October 15, 2005.

- **Rural Emergency Responders Initiative**

The Rural Development, through its community facilities program, provides funding for the Rural Emergency Responders Initiative to specifically strengthen the ability of rural communities to respond to local emergencies. The community facilities program funds are used to support rural emergency responder efforts by financing needed equipment and services. Sponsor: U.S. Department of Agriculture. Eligible-to-apply: Public bodies, non-profit organizations, and recognized Indian tribes. Applications are filed with the USDA Rural Development field offices. Awards vary: \$100 million has been set aside for the grant program. Deadline: Applications accepted on an ongoing basis. www.rurdev.usda.gov/rhs/cf/Emerg_Responder/rural_emergency_responders_initi.htm